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APPLICANTS

Shepherd L. Knapp, Jupiter, FL;

Cynthia M. Knapp, Jupiter, FL;

** CONTINUING DATA *****~~None~~** FOREIGN APPLICATIONS *****~~None~~

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	4	10	2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Richard C. Litman
 LITMAN LAW OFFICES, LTD.
 P.O. Box 15035
 Arlington , VA
 22215

TITLE

Pool skimmer screen

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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